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# Worldwide Report

EPIDEMIOLOGY

No. 234

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## WORLDWIDE REPORT

### EPIDEMIOLOGY

No. 234

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# TWELFTH INTERNATIONAL CONFERENCE ON HYDATIDOSIS OPENS

## Experts Speak Out

Algiers AL-MUJAHID in French 5 May 81 pp 1, 3

[Text] More than 200 researchers, specialists and veterinarians from some 30 countries are participating in the 12th international congress on hydatidology--the specialty that studies and treats hydatid cysts--which began Monday morning in the Palace of Nations.

The opening session of the conference, which is under the patronage of the president of the republic, took place in the presence of Abderrezak Bouhara, Abdelhak Brerhi and Mouloud Kassim, members of the central committee and respectively the minister of health, the minister of higher education and scientific research, and presidential adviser. The conference was organized by the Algerian Hydatidological Society in collaboration with the International Hydatidological Association, whose headquarters are in Buenos Aires (Argentina).

Mr Raoul Martin Mundi, secretary general of the International Hydatidological Association, along with Brerhi, Bouhara and Bachir Mentouri, president of the congress and of the Algerian Hydatidological Association, spoke in turn on the necessity of close collaboration and systematic concertation between researchers from all the countries where hydatidosis is a problem, as this plague has major social and economic impact.

Speaking of hydatid cyst disease, Mr Brerhi pointed out that beyond all the suffering and havoc that it occasions, it is also an illness that significantly impedes development, particularly in the rural environment which for various reasons encourages its spread. /"In other words Algeria is intensely interested in doing whatever it can to help eliminate this plague."/ [in boldface]

In order to effectively fight a malady for which there is currently no cure except surgery, Brerhi opined that the countries affected owe it to themselves to put much more emphasis on prevention, particularly by education, sensitization, and keeping all authorities informed.

"It will also be important," he went on, "for these countries to improve the training of specialists in hydatidology, to further advance scientific research by encouraging the training of multidisciplinary teams, strengthen the capabilities of epidemiological observation, and sensitize international organizations to our concerns and our problems."



Sketching out for the participants a brief summary of the health policy established by Algeria upon getting its independence, Mr Bouhara said that in his opinion the struggle against hydatidosis was very closely connected with the struggle against under-development.

Receiving a group of journalists, Professor Mentouri himself also stressed that the fight against hydatic cyst, like earlier struggles against other diseases, remained first of all and before anything else a war against ignorance, "given the fact that basic hygiene measures could significantly curb a malady which has taken a disturbing proportions in Algeria."

Professor Mentouri said that in 9 years he had operated surgically on 600 cases. "One finds that 6 to 10 percent of the people stricken with this malady die of it."

#### Conference Work Begins

Yesterday, Monday 4 May, at the Palace of the Club of Pines Congress, the work of the 12th international congress of hydatidology began, which will continue today and tomorrow. Three hundred medical luminaries who have come from around the world and dozens of Algerian doctors and students are spending these days assessing progress made in the fight against hydatic illness since the last congress in Athens in 1977.

The participants in the congress have an extremely packed schedule, since they will review more than 200 scientific communications dealing with all aspects of the hydatic illness: hydatic cysts in the liver, the lungs, radiology, epizootiology, epidemiology, radiology, pediatrics, and biology are the subject of reports. There is free discussion, and round tables in the great amphitheater and the four meeting halls are all running at the same time.

Algeria will not sit idly, since Algerian experts are scheduled to present some 69 communications which deal with both medical and socio-economic aspects of this illness.

As Professor Bachir Mentouri, president of this conference, was to say to a press conference given for the local press: "Our country has the said privilege of having a considerable number of carriers of this disease. The figures with which I am familiar are those of my own specialty, surgery." He has operated for more than 600 cases of hydatic cyst of the liver in a 10-year period, and unfortunately there is no other treatment for the disease. The only cure is surgical intervention, with all that implies in terms of violence against the human body.

"This is why," Professor Hamad was to add, "here as for other sicknesses we must bend our efforts to preventive action. It is first of all a question of educating the populace to observe elementary rules of hygiene. You know, for example that one should not touch a strange dog, and wash the hands before eating. The hydatic cyst, like other transmittable maladies, is a symptom of under-development, due to the lack of education. We must also destroy stray dogs, regulate the slaughterhouses, destroy the viscera of parasite-ridden animals and not give them to dogs, as is done by some people who slaughter sheep at home, outside any veterinary regulation. The hydatic cyst is a silent disease, which evolves over several years without one's knowledge. So one must make systematic radiological tests to diagnose it, as we do for tuberculosis. One could make the diagnosis in 5 minutes with an "echograph,"



which is an ultrasonic apparatus. All you would have to do is install one in any health center, especially in the high-incidence regions such as Titteri or Saida, in other words in the stock-raising zones.

"Sheep and dogs infect each other, not to mention cows and camels. Some countries have eliminated this disease by using all these preventive measures. We have put together a campaign to fight against hydatid disease which will require the participation of all the authorities, in particular at the base level unit of the municipality."

And Professor Djillali continues: "We would like to get the attention of several agencies, so that they can understand that the health of the population is not simply the concern of the ministry of health, and so they can ask for the cooperation of all interested bodies. Hydatid illness has economic repercussions: think about the fact that the hospitalization of one patient costs the state 1,000 dinars a day for 3 or 4 months. As for parasite-infected sheep, they can bring nothing to their owners, for the sickness stops their development. For them it is a better loss, as it is for the whole country when the country must therefore import more meat because its livestock have declined."

Participating countries: Algeria, Spain, France, Greece, Italy, Tunisia, Kenya, Argentina, Portugal, USSR, Cyprus, Bulgaria, FRG, Uruguay, Brazil, Iran, Yugoslavia, New Zealand, Ivory Coast, Hungary, Nigeria, Peru, Chile, Scotland, Egypt, Syria, Turkey, and Australia.

#### New Treatment Method

Algiers AL MUJAHID in French 6 May 81 p 2

[Article by Djouher Moussaoui]

[Text] The second day of the 12th international congress on hydatidology, which began on Monday 4 May at the Club of Pines, was marked by the presentation of a new method of treating hydatidosis, and Algeria can be proud of the fact that its author is Professor Djillali Ghalib and his team of researchers from Maillot Hospital.

After 5 years of experimentation on 100 cases of hydatid cyst of the liver, Professor Ghalib has just presented a unique and simple post-operative treatment for hydatid cyst. Today, before an audience of eminent medics from around the world who warmly congratulated Professor Djillali at the conclusion of his demonstration, which was accompanied by a film, proof was given that oxygenated water can kill the germs contained in the hydatid fluid, and in a more rapid and less violent way, in terms of effects on the tissues, than formol or saline solution; in 1.5 minutes instead of 10. Also, this method has the advantage of reducing the time of the surgical operation, which is the only way to destroy a hydatid cyst, thus reducing the hazards of anesthesia. Above all, it makes it possible to keep the organ on which the cyst is lodged intact, to the extent that it is not removed. Finally, it can be done by any surgeon, which is of great utility to a country which suffers cruelly from a lack of licensed practitioners. In reality, operating for a hydatid cyst, when the affected organ is removed, is a very delicate operation.

This P.A.D. technique (Puncture Suction Drainage) consists in introducing oxygenated water into the interior of the cyst that has been drained of its hydatid fluid by a sort of thick needle called a Legueux trocar, and killing the scolex (germs) that have not yet been removed by suction. It is really a matter of eliminating the risks of re-infection, which was previously done with formol or saline solution. After enlarging the opening of the cyst with an electric lancet, the proligerous membrane (which produces the parasites) can be removed with forceps, and the liver, the lung, or any other affected organ is left intact. It is thus a much less "stressful" method for the organism than those practiced up to now. It is, as Professor Djillali and his team love to say, "a simple technique for difficult cases and applicable everywhere and to everybody."

Work also continued on the afternoon of Monday 4 May with the reading of presentations by doctors, surgeons and veterinarians, by round-tables and discussions, in the big amphitheater and the meeting halls of the Palace of Congress.

The heavy schedule called for work on hydatid cyst of the liver--which accounts for 70 percent of hydatidosis cases--as well as more rare localizations (hydatid cysts of the kidney, the brain, the pancreas...) skeletal localizations, child hydatidosis, cardiac hydatidosis, epizootiology, and epidemiology.

Algerian researchers made three presentations on epidemiology: one concerned with "epidemiological data on hydatidosis in Algeria," the work of Dr Larbaoui and Dr Alloula of Algeria; another providing "epidemiological data on hydatidosis in Algeria 1 year after the disease was put under surveillance," the work of Dr Benhabyles, Dr Ouchfoun, and Dr Chkarine of Algiers; the third entitled "Epidemiological study of hydatid cyst of the lung in the Algerian nation. Case data on 190 cases," by Dr Abbas, Dr Aissat, Dr Daoud, Dr Madache, Dr Hamel, Dr Belhadi, Dr Hidra, Dr Benali, and Dr Boukezoula of Constantine.

The first presentation dealt with evaluation of hydatidosis in Algeria by means of three epidemiological investigations covering a period of 15 years and more than 7,000 cases of hydatid cysts operated on in Algerian hospitals between 1966 and 1980, analyzing the clinical, epidemiological, and economic aspects of the disease. The second presentation, starting with the first analyses made since January 1980, identified the direct measures of hydatidosis in Algeria, high-incidence zones, and distribution according to age and sex, in preparation for elaborating a campaign against the disease for the decade to come.

We will return to these presentations as well as to the one by the group by Constantine researchers, when the minutes of the congress appear in a volume edited by the Algerian Office of University Publications.

9516  
CSO: 5400/4738

ARGENTINA

BRIEFS

CASES OF HEPATITIS--Cordoba, 19 May (NA)--The chief of the epidemiology department of the Cordoba Health Ministry has confirmed that 200 cases of hepatitis have been treated in this province this year but denied the existence of an epidemic. [PY281852 Buenos Aires Noticias Argentinas in Spanish 1615 GMT 29 May 81]

CSO: 5400/2136

## AUSTRALIA

### WASTE POLLUTION OF UNDERGROUND WATER TO BE SURVEYED

Perth THE WEST AUSTRALIAN in English 11 May 81 p 3

[Text] There is to be a major survey of industrial wastes in an effort to protect Perth's underground water supplies from pollution.

More than 1500 industries are to come under scrutiny. The results will be used to provide a guide to what waste can be withdrawn for recycling before disposal.

At present about 750,000 tonnes of solids are disposed of each year in the metropolitan area--approximately one tonne per person.

Industrial waste ranges in volume between 50 and 100 million litres, with a similar amount of septic waste.

The liquid and solid-waste survey--the biggest ever undertaken in WA--has been prepared by the Public Health Department, the Department of Conservation and Environment and the Metropolitan Water Board for the WA Waste Disposal Technical Committee.

The Minister for Health, Mr Young, said a valuable spin-off should be that more wastes could be recycled.

#### Recycled

"Already most of the potentially dangerous oily wastes and paint thinners have been taken from the system and are being recycled," he said.

Mr Young appealed to all organisations taking part to return forms by June 1.

"Waste disposal is a growing problem," he said. "Unless there is reliable information on the amounts, types and characteristics of such wastes, it is not possible to plan effectively for a safe and environmentally sound means of disposal.

"The best way of doing this is to go directly to the source.

"Our survey has been based on a very successful one done recently in NSW.

"They had a great response and I am confident that I can rely on the goodwill and interest of everybody concerned in this State to make ours just as successful."

Questions being asked include:

The amount of waste generated.

Differing quantities produced during the year.

Quantities expected by 1985.

Where wastes are disposed.

How the wastes are produced.

CSO: 5400/7554

BOLIVIA

BRIEFS

YELLOW FEVER--The chief of the program to eradicate yellow fever in Santa Cruz has announced that the threat of an outbreak of yellow fever in the Angel Sandoval Province, Santa Cruz Department, has been brought under control due to the massive program. [PY252341 La Paz Radio Illimani Network in Spanish 0100 GMT 20 May 81]

CSO: 5400/2136



## BRIEFS

**ENCEPHALITIS STUDY UNIT**--The West Bengal Health department has decided to open a special cell attached to the Burdwan Medical College for studying the causes of encephalitis which, in the past few years, has taken a toll of many lives in the district. At present doctors from the Calcutta School of Tropical Medicine visit at places when encephalitis breaks out there but the Government feels a special cell in Burdwan will be able to deal with the disease more effectively. In Japan pigs are the principal carriers of encephalitis germs but doctors are not sure whether they are also mainly responsible for the spread of the disease in West Bengal. Apart from Burdwan the other two districts which have suffered from the disease are Bankura and Purulia. [Text] [Calcutta THE STATESMAN in English 8 May 81 p 3]

**CONJUNCTIVITIS IN BOMBAY**--Bombay, May 16--In view of the increase in conjunctivitis cases in Bombay last week the civic authorities have directed all municipal offices and heads of medical institutions to keep a sufficient stock of eye medicines. In a press note issued here today, the civic authorities requested the public to use chloromycetine eye drops and ointments if affected by conjunctivitis. People suffering from the illness have also been requested to avoid crowded places, such as cinema houses and swimming pools. [Text] [Bombay THE TIMES OF INDIA in English 17 May 81 p 13]

CSO: 3400/7072

## BRIEFS

**HEMORRHAGIC FEVER IN EAST JAVA**--As of the second week of March, seven children died apparently of hemorrhagic fever now epidemic in Padangan and Kedungadem Subdistricts and in Bojonegoro City. The epidemic began in January and to date 145 persons who had the disease have been cured and 18 are still under treatment at the general hospital and People's Health Centers while 7 children died suddenly. Doctors could not save them. P3M [prevention, control, and eradication of communicable diseases] officials sprayed [houses and surrounding areas] in Bojonegoro with "abate" and "mulation" solutions, concentrating on the wet ricefields and drains filled with stagnant water and other places believed to be breeding grounds for the "Aedes aegyptae" mosquito. The seven children died, according to Subiyakto [a P3M staff member], because the local residents did not know they had hemorrhagic fever. They thought it was an ordinary disease. The epidemic, Subiyakto said, began in January with one case in Padangan Village, an individual who came to visit a family in Kedungadem Village, who later died. Several days thereafter the disease spread to another family and finally to the whole village of Kedungadem, the city of Bojonegoro, and Karangpacar, Kadipaten, and Banjarjo Villages. Dr. Hadi Kusumo [police captain in Bojonegoro] said the primary cause of the epidemic was the bite of the "Aedes" mosquito which looks white in the daytime. The mosquito favors children under the age of 8 but also bites adults. It should be made known to the public at large that symptoms from the bite appear within 5 to 8 days. The individual's body temperature raises suddenly, he shivers, has a headache, his eyes, muscles and body feel weak. Later red blotches appear on the skin, soles of the feet, and palms of the hands. In addition nose bleeds occur and the individual rapidly goes into shock. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 19 Mar 81 p 3] 6804

**HEMORRHAGIC FEVER IN SOUTH KALIMANTAN**--Hemorrhagic fever is known to have struck several villages in the Hulu Sungai Tengah Regency, South Kalimantan. When three cases appeared, the Hulu Sungai Tengah Health Service tested 95 children under 5 years of age, 30 percent of whom showed positive symptoms of hemorrhagic fever. The laboratory tests were done in Jakarta. HM Zainuddin, chief of the Information Service of the regional office of the South Kalimantan Health Department, who was contacted by KOMPAS on Thursday, 12 March, said there have been no deaths. All cases were treated and cured. Hulu Sungai Tengah [had a hemorrhagic fever epidemic] in 1979. There were nine cases, two of whom died; the remainder were cured. In 1978 there were three cases of the disease, all of whom were cured, while one case developed in 1977 and was cured. [Excerpts] [Jakarta KOMPAS in Indonesian 19 Mar 81 p 8] 6804

**CHOLERA, GASTROENTERITIS IN SAMARINDA**--To date the waters of the Karang Mumus River are still not free of cholera organisms. Therefore the Samarinda City Health Service (DKK) requested the residents, particularly those who live along the river, to continue to take care in their use of the water. According to information obtained by KOMPAS, 12 children who lived in the area of Ruhui Rahayu Temindung Street were recorded not long ago as having been struck by cholera but all were cured with the assistance of the Segiri People's Health Center. Gastroenteritis is known to have erupted in Samarinda in June of last year. In the June to November 1980 period, 1,044 cases were recorded, 14 of whom could no longer be helped. Tests made of the Karang Mumus River water, used by the population for all its needs, were positive for cholera organism. Four tests made during the past 4 months showed the river water was still not free of the contagious disease. [Excerpts] [Jakarta KOMPAS in Indonesian 20 Mar 81 p 8]

**GASTROENTERITIS IN JAKARTA**--By last Sunday night (15 March) 62 residents of the Pulo Kebang Ward, Cakung Subdistrict, East Jakarta, became victims of gastroenteritis. Of this total, 12 died including 8 who died in the field and 4 who died in hospital. The primary cause of this affliction is believed to be popsicles sold throughout the area. Seventy-five percent of the victims were children and 25 percent were adults. At fault are the popsicle vendors because many cases are found in schools. Some gastroenteritis cases were sent to hospitals and some could return to their homes. The Special Capital Region of Jakarta City Health Service asked the public not to buy from random vendors, but they were also reminded that they need have no fear of the disease as long as they made sure the food they ate was properly cooked and that what they drank had been boiled. Information received noted that gastroenteritis is caused by a virus carried by water. As long as the water used is impure, gastroenteritis will erupt. However, the cause of the disease in 60 to 80 percent of the cases is still unknown. The 0 to 4 age group is the most readily attacked by gastroenteritis. It is estimated that 20 million of the 50 million Indonesian children have had diarrhea or gastroenteritis, of whom 1 to 1.5 million have had serious cases of the diseases. In a developing nation such as Indonesia, it is estimated that there were 20 to 50 gastroenteritis cases per 100 population per year. [Excerpts] [Jakarta KOMPAS in Indonesian 25 Mar 81 pp 1, 9] 6804

**MALARIA IN IRIAN JAYA**--Over 30 percent of the malaria parasite (SPR) is found in the transmigration location Nimbokrang, District of Nimboran, Jayapura Regency. The forest and marshes were cleared in preparing residential areas for the transmigrants. Consequently the malaria parasite flourished. Preventive measures began 3 months after the arrival of the people to the location. Cloroquin tablets were distributed twice a week. Dr Soenarno gave a report to KOMPAS on Tuesday in his office. He said that in the Jayapura Regency about 2,855 people came to the Public Health Center quarterly. Among those people, 926 have malaria. Therefore in that Regency we can estimate that 34.8 percent suffer from malaria, 25.54 percent skin disease, 31.36 percent respiratory diseases. Other diseases are still relatively low. Dr Slamet Soenarno, Head of the Jayapura Regency Health Services, states that malaria, especially in the Jayapura, is the major disease in Irian Jaya. Erradication of the malaria parasite in the Jayapura Regency is being carried out in a variety of ways. Homes of the residents are being sprayed; preventive medication is being distributed in the transmigration areas; and in addition, instructions are being given: Clean water and a sanitary environment is being provided. Keeping in mind the size of the population and the large area that must be reached in the Jayapura Regency, the number of doctors at present is not sufficient. Dr Soenarno said, "The Jayapura Regency Health Services must add a minimum of four more people." [Text] [Jakarta KOMPAS in Indonesian 9 Apr 81 p 8] 9556

BANDUNG DEATHS AT 14--Since last Saturday, several areas in the Bandung Regency had outbreaks of the gastroenteritis disease. This was primarily in the Ciparay and Buahbatu districts. Out of more than 100 patients, 14 have already died. The others are being treated in the Ciparay Public Health Center and in the Immanuel and Hasan Sadikin hospitals in Bandung. The Bandung "Antara" news agency stated that most of the victims were either children or old people. Some died before medical help could reach them. According to the records, 11 died after their arrival at the Ciparay Health Center and the other 3 died while still in the village. Earlier, the gastroenteritis epidemic struck the Sumedang Regency, specifically in the areas of Wado, Damaradja and Cadaagampar: 190 people contracted the disease and 2 of them died. The remaining 188 patients are still being treated. Other than the Ciparay district in the Bandung Regency, the disease also attacked 178 residents of the Ranca senggang village, the Cililin Sindangkerta district. Among them, six are in serious condition and all are being treated at their local public health centers. [Text]  
[Jakarta HARIAN UMUM AE in Indonesian 15 Apr 81 p 5] 9556

CSO: 5400/8422

## BRIEFS

MALTA FEVER--More than 50 Judaea and Samaria residents have recently been inflicted with the malta fever. The disease had previously affected sheeps in the Judaea and Samaria region and was passed on to humans as a result of their consuming locally-made cheeses and butter. The military government has for some time been taking the necessary measures to curb the disease by eliminating the livestock and sheep that were hit with the disease and by quarantining them. The symptoms of the disease in human beings are: high temperature, weakness in the limbs and strong headaches. [Text] [TA301944 Tel Aviv ITIM in Hebrew 1935 GMT 30 May 81]

CSO: 5400/4740

# MALARIA CASES INCREASE SLIGHTLY

Windhoek WINDHOEK OBSERVER in English 9 May 81 p 26

[Article by Hannes Nieman]

[Text]

"Malaria cases have increased slightly to above the yearly average in Windhoek, but there is not reason to panic", said the Assistant Director for Medical Services, Dr. Hitzeloth.

Dr. Hitzeloth was asked to comment on the newspaper reports of malaria cases now being treated in Windhoek hospitals.

He said that normally there was an increase in malaria cases at this time of year although the rainfall was less. He said that most of the cases occurred north of Windhoek and differs from place to place, as a result of geographical and rainfall conditions.

From January this year about 60 malaria cases were discovered, the majority were in April resulting in four deaths.

Dr. Hitzeloth said that it was very difficult to control the spreading of the disease because of population movement from malaria areas to the rest of the country. He attributed the high number of malaria patients in Windhoek to people from the outlying areas coming to the city where they only had medical

check-ups after they became ill.

According to Dr. Hitzeloth the malaria-carrying mosquito, the anopheles species, can breed anywhere in the country. This mosquito does not only breed in rivers or dams but in a tin or old tyre containing enough water, is ideal.

Dr. Hitzeloth advised people travelling north especially to take malaria tablets before they visit contaminated areas and to continue taking the tablets for at least two weeks after their return. If a person does feel ill after their return, showing symptoms almost the same as flu, they should consult their doctor.

But, Dr. Hitzeloth emphasized that people should not panic because of the cases made known, as this was a yearly occurrence and the deaths a result of ignorance on the part of the contaminated people.



## WATER SHORTAGE, REFUSE PROBLEMS LINKED TO CHOLERA

### Preventive Measures Urged

Enugu WEEKLY STAR in English 26 Apr 81 p 13

[Article by Omar Odukwe]

[Excerpts] Recently, we heard about cases of cholera in Bendel State, today we hear of the same case on a western state--Ondo, and tomorrow we may hear of it in Kano or Anambra state.

According to a report about the outbreak of cholera around Ughelli and Warri, there was a brief interruption of water supply in the area. This made people use filthy river water which was polluted by domestic wastes.

We have now seen the connection of water supply and sanitation to cholera. There has been a countrywide shortage of water and sanitation problems. The shortage of water has made some foreigners take Nigeria to be in the desert like some oil producing countries.

I am sure the authorities realize the dirtiness of our streets and surroundings. What has prevented the authorities from cleaning them up or seeing that they are cleaned up? Is it that they don't care or they don't consider tidying them up is necessary? This is one of the reasons why we have epidemics. The government, the sanitary inspectors, health officers, garbage disposers, street sweepers and night soil men should wake up.

Their jobs are vital to the health of the public. If their jobs are neglected, the environment becomes filthy. These rubbish are swept away by flood into streams of rivers and their water, if taken, may cause epidemic.

Pipe-borne water, wells or boreholes should be provided everywhere or at least in every town of the Federation. Water is a basic amenity. The government should do something to see to it that it is made available to Tom, Dick and Harry. Provision of water must be given a priority so that people don't drink filthy water.

We should use the money realised from oil wisely if the public is provided with adequate or good drinking water. Prevention is better than cure.

Authorities Scored

Lagos DAILY TIMES in English 25 Apr 81 p 5

[Letter to the editor by Dr Akomono U. Oteri]

[Text] At first glance, there is no recognisable link between the above three-- lack of good quality water, lack of refuse collection with a refuse dump at any available space and cholera (with other similar diseases).

In the first week of this month, an outbreak of cholera 'epidemic' occurred in the Delta area of Bendel State with the loss of at least nine lives, bringing the relationship vividly to all Nigerians.

Reports in the press had it that there had been an acute shortage of water with dry taps for weeks, so that the inhabitants had to resort to drinking from streams and other contaminated sources.

Overall sanitation in the area was also reported to be wanting, hence the outbreak of the cholera.

Water shortage and poor environmental sanitation are not restricted to the Delta area of Bendel State but a national phenomenon. In the Bendel State, the Commissioner of Health was quoted as saying that ₦45,000 worth of drugs and vaccines have been rushed to the area and the outbreak contained.

Most unfortunately, nothing was said of measures being taken to eradicate the cause of the 'epidemic'; the provision of good quality water 24 hours a day 7 days a week in an area where any hole in the ground is certain to find adequate water.

Dr Akomono U. Oteri  
University of Ilorin,  
Ilorin

CSO: 5400/5174

OVER 1,000 CASES OF MEASLES REPORTED IN SOKOTO

Kaduna NEW NIGERIAN in English 25 Apr 81 p 20

[Article by Ibrahim N. Salihu]

[Text]

MORE than 1,000 cases of measles have been recorded in Sokoto State within the last four months, January to April, 1981.

The state Commissioner for Health, Alhaji Aliyu Nassarawa, who disclosed this to the New Nigerian at an interview in his office during the week said 36 of the victims died of the disease.

He explained that the total number of cases as at the last reporting period stood at 1,129. He said 78,158 children in various towns had been vaccinated against the epidemic.

Alhaji Yahaya Nassarawa said 87 cases were recorded at Gwada-bawa with no death, 171 cases in Gada with 26 deaths, 25 at Koko/Basse, 38 at the Family Health Clinic, Sokoto, 43 in Isa and 305 cases with six deaths were recorded at Raba/Gande.

He said 150 cases with two deaths were recorded at Tambu-wal and 51 cases with two deaths at Wurme.

The commissioner disclosed that 78,300 children were to be vaccinated in other areas of the state and vaccines for the purpose have already been released by his ministry.

He said 10,000 doses were despatched to Gusau, 1,000 to Health Office Sokoto, 500 each for the Family Health Clinic and Yar Alija Clinic in Sokoto, while the Mabira Clinic received 5,000 doses of the vaccines and Ayigie/Yaidu received 720 vaccines.

Alhaji Yahaya Nassarawa said 2,500 vaccines were sent to Argungu, 10,000 each to Bunza, Talata Mafara and Yauri, while Gumi had 1,000. Anka received 14,000. Sakaba/Wasag received 2,500 and 3,000 each were sent to Birnin Kebbi, Kaura Namoda and Arewa Dandi.

He said as at now serious immunisation effort had been embarked upon throughout the state with particular attention to areas with reported outbreak.

CSO: 5400/5174

SPAIN

'ATYPICAL PNEUMONIA' EPIDEMIC CAUSES SIX DEATHS

Paris LE MONDE in French 14 May 81 p 34

[Article by Dominique Dhombres, special correspondent of LE MONDE]

[Text] Madrid--One scare followed another in Madrid, where the hysteria of the terrorist assassination attempt and the military coup d'etat was replaced by that of the epidemic. Six persons died within a few days of each other and 150 were hospitalized on Tuesday, 12 May, in the province of Madrid, victims of a variant of pneumonia said to be atypical, about which not much is known since it is not known whether it is caused by a bacterium or a virus, although the latter theory is advanced more frequently. The waiting rooms of the 14 hospitals whose names were furnished by the press were jammed on Monday and scenes of panic took place. The authorities established a central switchboard for telephone calls and a coordination office at the Ministry of Health. The newspapers were requested not to reveal the name of the antibiotic most frequently employed, and which would be very effective, in order to avoid having the pharmacies immediately run short of this item.

The symptoms include a fever of 38 to 39 degrees Celsius, difficulty in breathing, muscular pain, headaches, general discomfort and sometimes vomiting and diarrhea. The disease is probably not excessively contagious and its agents are probably transmitted by exhaled air. The two latest deaths, involving women of 19 and 50 years of age, whose identities have not been revealed, are probably due to their being treated too late. Samples of the agent responsible for these deaths have been sent to specialized laboratories, especially in Glasgow, Scotland and, in Madrid itself, a team of approximately 50 persons is trying to isolate it at the Majahonda Microbiology and Virology Center. The World Health Organization has been alerted.

Up to the present time, only the province of Madrid has been affected. The first case occurred last 27 April when an 8-year old child named Jaime Vaquero Garcia died at Torrejon de Ardoz near the capital.

The Ministry of Health waited until four people had died before officially recognizing existence of the problem. Medical authorities believe that it is not related to the "Legionnaire's disease" although the antibiotic employed is the same as that used for the latter. Above all, the Ministry of Health in Madrid insists that the condition of the persons hospitalized and treated is probably not serious.

7619

CSO: 5400/2126

## BRIEFS

MOZAMBIQUE HEALTH SERVICES BREAKDOWN--Growing alarm in South African medical and State health circles over the breakdown of health services in Mozambique--already reflected in the epidemic of cholera near the South African border--is now extending to bilharzia. The increasing incidence of bilharzia has resulted in a high-level conference in Pretoria to be attended by State, provincial, municipal and other local government health authorities as well as members of the medical profession. It will be held from Monday to Wednesday next week and will be opened by the Director-General of Health, Dr Johann de Beer, who will also preside. Speakers will include the Deputy Director-General of Health, Dr J Gilliland, and the country's leading authorities on one of the oldest illnesses in Africa. Authorities in Pretoria also expect possible increases in other African diseases because of the reported collapse of Mozambique's preventive health services. [Text] [Johannesburg THE CITIZEN in English 8 May 81 p 7]

CSO: 5400/5171

## TANZANIA

### BRIEFS

**CHOLERA DEATHS**--In Tarime, 28 people died in an outbreak of cholera which hit the villages of Korio and Kimamba in the Tarime District. The district is now under quarantine. It is understood that the disease also hit the villages of (Nyanduga) and Uteg. In view of the enforcement of a quarantine on 25 May, buses and boats are prohibited from traveling from Tarime District. Officials on government duty will be permitted to travel with special permits. Brewing and drinking of local beer, the sale of food, meat-roasting and the sale of all types of fruits and fresh fish have been banned. The anticholera campaign committee has banned all public gatherings such as weddings, celebrations and funeral ceremonies. The committee has also requested courts to punish those who break the directives on cholera. [Text] [Dar es Salaam Domestic Service in Swahili 1000 GMT 31 May 81 LD/EA]

**LEPROSY, TUBERCULOSIS INCIDENCE**--Morogoro--More than 12,000 people are suffering from leprosy while another 2,000 suffer from tuberculosis in Morogoro Region, it was learned yesterday. The Region's Medical Officer, Ndugu J.M. Temba made the announcement when closing a four-day seminar of medical officers and nurses in the region. [Text] [Dar es Salaam DAILY NEWS in English 26 May 81 p 3]

CSO: 5400/5173



RASH OF LICENSING, OTHER VIOLATIONS AMONG DUBAI CLINICS

Abu Dhabi AL-ITTINAD in Arabic 26 Jan 81 p 3

[Article: An important report which the Municipality is receiving about serious violations in the Clinics]

[Text] The beginning of this investigation was an important report which the Municipality of Dubai received from the family medical clinics section for the Northern Emirates of the Ministry of Health. This report, one of a series of reports which the section has prepared concerning the conditions of private medical clinics in Dubai, exposed a number of violations by the privately-owned family clinics with respect to the official conditions and regulations.

We are publishing the violations which this report revealed as they appeared in the original text, deleting the names and addresses of the clinics' owners who were in violation.

Clinic (...): Despite our notification to the employees to send copies of their professional and municipality licenses, we have as yet received nothing from them. Likewise, they had previously been warned that it was inappropriate to use the name 'Medical Center' for a private clinic, in order to avoid confusion with the official governmental medical establishments and centers.

The Clinic of Dr (...) in the Dubai countryside: We have not yet received copies of the municipality and professional licenses for the year 1980.

The Clinic of Dr (...): We have not received notification of renewal of the municipality license for the year 1980. The Clinic still maintains a neon sign to publicize its name, although this violates official regulations.

The Clinic of Dr (...) in the Dubai countryside: We have not yet received any notification of its licensing by the municipality, nor of its professional license to practice.

The Clinic of Dr (...), Al-Maktum Street: Despite repeated and insistent official warnings and notifications, no changes have been carried out regarding his doctors and clinic in spite of serious and gross violations. For example, the X-ray room in the clinic must be completed as it does not fulfill the necessary conditions of protection from the dangerous radiation emitted from X-ray machines.

The list of this clinic's violations also includes unlicensed doctors working with internal diseases in spite of the fact that the clinic is licensed as a dental clinic only.

The Clinic of Dr (...) in the Dubai district: The doctor here does not have a license to practice medicine from the Department of Health and Medical Services, nor does he have a municipality license. Likewise, he has not yet officially reported the employment of a qualified licensed doctor at his clinic in spite of our instructions. The clinic itself is unsuitable and we have previously recommended that it be closed until the deficiencies are corrected.

The Clinic of Dr (...) in the Dubai district has many violations, namely:

The employment of a woman dentist without a license from either the Municipality or the Department of Health and Medical Services of the Dubai Emirate.

Doctor (...) is licensed for internal medicine, but dentists are nevertheless working with him. This violates the laws and regulations, because a dentist needs a separate license in order to work in a dental clinic, and this license is not valid in a clinic for internal medicine.

Doctor (...) as a practicing doctor, has no right to work or to take part in any other activities outside the scope of his humanitarian profession. In spite of this, he owns a beauty salon which has no connection with medicine, and is not under the purview of the medical council.

Doctor (...) in the Dubai district: We have asked him to send copies of his municipality license, and also his license to practice medicine, but he has not done so. There is information that he is participating in the ownership of shops located under his clinic, whereas the medical profession law forbids a doctor from taking part in any commercial activities.

Clinic (...) in the Dubai countryside: Its owner is using it as a commercial office as indicated by the presence of a Telex machine. Likewise, we have not received copies of either the municipality or professional licenses from the doctor who is working with him, in spite of our notifying him.

The list of the report is long ... but what are the role's of the Ministry of Health and the Dubai Municipality in inspecting these clinics and exercising supervision over them to ensure the public's health?

#### Conditions ... and Procedures

Mr Sa'id Khalifah Al-Matrushi, head of the private clinics section in the Ministry of Health attached to the northern emirates, says that there is a ministerial decree which lays down the conditions which must be complied with in the medical clinics. Also, there are rules and procedures which are to be followed for the owners of these clinics to be allowed to practice medicine. Similarly, none of the doctors of the private clinics should be permitted to practice before a thorough medical examination has been taken before a committee composed of the following doctors: the Director of the Department of Health and (Medical) Services of Dubai, the Director of the Dubai Medical District and the head of

the health section of the Dubai Municipality. A large number of leading consultant physicians, who undertake the testing of a doctor, should take part in the activities of this committee. Then the doctor may be granted permission to practice medicine in Dubai. On the basis of that, the Dubai Municipality would grant a license to the clinic, after the conditions of hygiene required in the clinic had been fulfilled.

Mr Sa'id Khalifa Al-Matrushi says that the private clinics section of the Ministry of Health is continually carrying out inspection campaigns of these clinics, to verify whether the doctor is licensed to practice medicine, and also whether the clinics fulfill the required hygienic conditions. In addition, these campaigns include verification that medicine is not sold in these clinics and that surgery, which might make it necessary for the patient to stay, is not performed in them.

#### Widespread Concern

Dr Jalal Muhammad Bayumi, the Dubai Municipality physician and the director of Duba's health laboratory, affirms that there is deep concern in the Dubai Municipality over the importance of inspection of private medical clinics, in order to safeguard the patient's health. He said that 90 percent of the medical clinics and pharmacies in Dubai are in good condition and do not violate the conditions for professional practice.

Dr Muhammad Jalal Bayumi makes an important point, namely that 90 percent of the violations in the reports of the private clinics section relate to the unfamiliarity of the doctors in the private clinics with this section's rules and regulations.

#### Suggestions

Dr Jalal Muhammad Bayumi thinks that in order to deal with such violations as these, there must be a deterrent penalty in the case of any infraction, aside from closing the clinic. This would serve as a warning to others. The punishment, as he suggests, would be a large monetary fine, in addition to closing the clinic for a period of three months.

He also proposes the formation of a committee in the health section in the Municipality, which would be called the Private Clinics and Pharmacies Committee. Its task would be to keep an eye on all the clinics and the violations in them, as well as the activity of the pharmacies.

The proposals also include coordination between the health sections in the municipalities of the country, so that there is an exchange of information about all doctors who leave any emirate and go to work in another one; this would be with respect to the qualifications of these doctors as well as their violations.

9579

CSO: 3400/4714

## BRIEFS

**LEISHMANIASIS OUTBREAK REPORTED**--Los Teques, 10 May--An outbreak of leishmaniasis was detected in a settlement near Charallave by the medical personnel of the health center operating in that community. It was reported that in the area where the endemic source was registered, i.e., the La Magdalena settlement located west of Charallave, a group of experts of the Tropical Medicine Institute of the UCV [Central University of Venezuela] and the Dermatology Institute of Vargas Hospital started an investigation intended to determine the number of afflicted persons in order to initiate proper treatment. It was also said that the number of persons afflicted with the disease totals 24, and among them is an architect who was the first to resort to the specialized centers for treatment of the infection. Leishmaniasis is a tegumentary disease peculiar to the tropical zone, though not very common, and it is generally found in jungle and mountain areas. An endemic outbreak of this disease occurred a year ago in the Paracotos settlement, which like the La Magdalena settlement, is at an equal distance from the radius of influence of the garbage dump of Caracas, located in La Bonanza, some 5 km from Charallave. [Text] [Caracas EL NACIONAL in Spanish 11 May 81 p D-23] 8414

**SYPHILIS OUTBREAK REPORTED**--Health authorities are concerned about the return of syphilis, a disease which was partially controlled in the country until a few years ago. Sources of infection have developed in the central zone and the southern portion of the country, requiring urgent sanitary measures as in the past. The chief of venereology of the Health Unit of Ciudad Bolivar, Dr Sergio Karovich, issued an alert from his region because he is concerned, especially about the pregnant women who can contract the disease and transmit it to their offspring. According to Dr Karovich, the media can do much in the fight against syphilis and, in particular, against this sort of threat to the life of the fetus. In the opinion of Dr Karovich, the campaign against this disease cannot wait. He asks that it be maintained throughout 1981 because he is aware of an increase in critical zones of the country, Guayana being one of them. In his view, daily notices like those for refreshments and cigarettes should be inserted in the printed news media. "The greatest reward will be to have contributed to the health of future citizens," the chief of the Venereology Unit of the state of Bolivar asserts. In leaflets which he personally distributed, he asks women to have a checkup at the Mother-Infant Services which so abound in the state. "Thus," he tells them in those messages, "you can prevent a serious disease which you can have without feeling ill and transmit to the child growing in your womb." [By Rosita Caldera] [Excerpts] [Caracas EL NACIONAL in Spanish 5 May 81 p C-12] 8414

MALARIA DEATH IN BOLIVAR--Ciudad Bolivar, 11 May--An Indian named Carmelo Dercelis, age 33, died from malaria in the Ruiz y Paez Hospital, where he expired some hours after being admitted, according to a report issued by the hospital. The man lived in San Antonio del Morichal, near the border with Brazil. It has been learned that up until 8 May he had been under medical observation in Santa Elena de Vairen, but since his health deteriorated drastically, he was transferred by air to this city for treatment at the Ruiz y Paez Hospital. He died several hours after being admitted. [Text] [Caracas EL UNIVERSAL in Spanish 12 May 81 Sec 2 p 24] 8414

CSO: 5400/2129

## ZAMBIA

### BRIEFS

**CEREBRAL MALARIA**--Two adults and three children were on Sunday night admitted to the University Teaching Hospital (UTH) after being attacked by cerebral malaria. This brings to 138 the number of people admitted at the hospital with the disease over the past two months while 25 are reported to have died so far. Confirming this in Lusaka yesterday, U.T.H. senior medical superintendent Dr Davies Mwaba said hospital authorities would meet soon to examine the situation. (Text)  
[Lusaka TIMES OF ZAMBIA in English 5 May 81 p 3]

CSO: 5400/5165



## INOCULATION CAMPAIGN AGAINST MEASLES BEGINS

Salisbury THE SUNDAY MAIL in English 31 May 81 p 2

[Text]

A MASSIVE two-week campaign to immunise children under five against the killer disease measles gets under way at Salisbury municipal clinics tomorrow.

Starting tomorrow, Monday June 1, to Saturday, June 13, the City Health Department is launching a massive two-week campaign at all clinics to immunise children under the age of five against the disease.

Fifteen children have already died from measles in the Salisbury area this year.

Sister Hilary Spencer, the senior community services sister heading the campaign, said the children died because they had not been immunised.

"It is unfortunate that some mothers do not seem to realise that immunisation is a vital part of the process of bringing up a child," she said.

"Parents simply cannot afford to take it for granted that their children will grow up to maturity without their taking the necessary steps to see that nothing disturbs the growing process.

"Diseases like measles and polio can be avoided, but only through immunisation. Parents who ignore this risk face the pain of losing their child.

"In some countries, health-conscious communities pressure their health authorities to take necessary precautionary measures to protect children from such diseases.

"Here it is the reverse. We have to launch an all-out campaign to educate mothers to the dangers of the diseases facing their children, and to persuade them to bring the children along for immunisation."

Stressing the mother's responsibility to protect her child, Sister Spencer said, "We provide free vaccine, facilities and staff. But the parents must play their part to ensure their children are immunised by making the decision to bring them along.

"That is all we ask of them, and all they have to do is to bring the children, aged between nine months and five years, to the nearest clinic."

Mothers at work during weekdays were advised to take their children to the Queen Elizabeth Centre in Julius Nyerere Way, she said.

Alternatively, they could send their child minders with a note to the nearest clinic, and their infant would be immunised.

## FIGHT TO HALT TSETSE FLY FROM INCREASING RANGE REPORTED

Salisbury THE SUNDAY MAIL in English 31 May 81 p 8

[Article by Nigel Adlam]

[Text]

**THE** terrible tsetse — bringer of misery, poverty and death — is on the warpath again . . . because of the war.

For the brown fly increased its range dramatically in some parts of Zimbabwe during chimurenga.

And it is showing every sign of continuing its onward march.

But the Government's troop of tsetse control men believe that if they dig in they can halt the onslaught this winter.

And within five years they should be able to force the fly back to its former haunts — and then beyond.

Tsetse flies transmit trypanosomiasis — nagana to cattle, sleeping sickness to man. The disease can kill a cow within weeks during the severe hot months of the year.

In West Africa men infected with the local strain of trypanosomiasis die a slow, lingering death after going into a coma or "sleep".

But in Zimbabwe the local strain will kill off a man fairly quickly.

A man died from trypanosomiasis in Sipollele earlier this year — the first fatality for several years.

### CRITICAL

The worst reinfestation of tsetse in the country has been in the old war-time Operation Hurricane combat zone in the north-east.

More than 250 head of cattle are being treated for the disease each month in the small but progressive black commercial Chesa "purchase" area alone.

Treatment is free.

Mr Gerald Davison, chief glossonomologist in the Department of Tsetse Control, said the situation was critical in the north-east and he was advising farmers to sell their slaughter stock now while they are still fat and healthy.

They are unlikely to go through the winter without catching trypanosomiasis.

Vets can keep the cattle alive but they lose condition drastically — and therefore decrease in value — through the debilitating sickness.

Peasant stock in Mudzi, Ngarwe, Chikweni, Inyangwa North, Pfungwe, Chumanda and Mashao are

all being hit by the fly. There have even been reports of illness among cattle as far south as Mitoko.

"These people are complaining bitterly," said Mr Davison. "When they moved out during the war there were no tsetse."

"During their absence the area has been reinvaded, so on returning to their homes they find a new and unknown factor hampering their efforts to re-establish themselves."

The fly, which feeds solely on blood, has also returned to Ndowoyo, across the Sabi River from Ghona re Zhou National Park in the low-veld for the first time since the early 1960s.

And tsetse has pushed slightly inland from the Zambezi Valley and south of the escarpment in the north and north-western districts.

The British — recognising how the fly holds peasants back — have agreed to pay up to 75 percent of this year's anti-tsetse battle costs.

### TARGETS

This means that 60 teams of sprayers comprising 22 men each can be put in the field armed with the controversial DDT insecticide.

There will also be 12 hunting teams scouting the fringes of the tsetse zones. Targets will be elephant, buffalo, bushbuck, kudu, warthog and bushpig in areas where there are no domestic cattle.

But the struggle is being hampered by shortages of equipment, such as trucks, Land-Rovers and tents.

And the old permanent anti-tsetse bases in Mudzi and Mushinga have been converted into National Army barracks, so the department does not have a permanent station in the north-east at the moment.

Operations will have to be run from temporary camps — sometimes made up of pole-and-dagga huts — until new stations are built.

"I can't see us making any great progress in the north-east this year," said Mr Davison.

"We may be able to push the fly back in the Binga and Gokwe districts. And we hope to wipe out that spot near Ghona re Zhou and to hold it on the Mozambique border by annual operations."

"But it may be as much as five years before we will have completely recovered the ground lost during the war."

The tsetse, which picks

up trypanosome parasites from wild animals and passes them on to cattle, has plagued Zimbabwe since time immemorial.

But in 1896 a rinderpest epidemic swept across the Zambezi and virtually wiped out all game and cattle in the whole country. Without hosts to feed on, the tsetse died out, except in a few isolated pockets.

The fly, which probes through the skin of man or beast with its long proboscis and then pumps up blood, has been trying to recover lost ground ever since the rinderpest plague burnt itself out in the mid-1890s.

Gold was discovered at Hartley at the beginning of the century and white fortune-hunters poured in. But, unbeknown to them, there was a small pocket of tsetse just down the Umfuli River.

Soon the gold diggers' cattle began to die from trypanosomiasis.

The settlers responded in the only way they knew how — by massacring all the host game to do what rinderpest had done before it worked.

This policy was adopted by the Government and continued until the 1960s when international concern about wildlife conservation forced a hard rethink.

Bush-clearing to remove the fly's shaded resting spots was tried but failed.

It was then that insecticides began to be used and their role has increased steadily since.

Before the war really heated up, the tsetse was kept behind a line from Binga, through the Chizarira and Chirisa game reserves north of Gokwe, up to Vuti north of Karoi, north of Sipolile and Ruahinga and along the border to the northern tip of Ilayanga.

There were no flies in the south-east lowveld as the Department was able to operate inside neighbouring Mozambique to

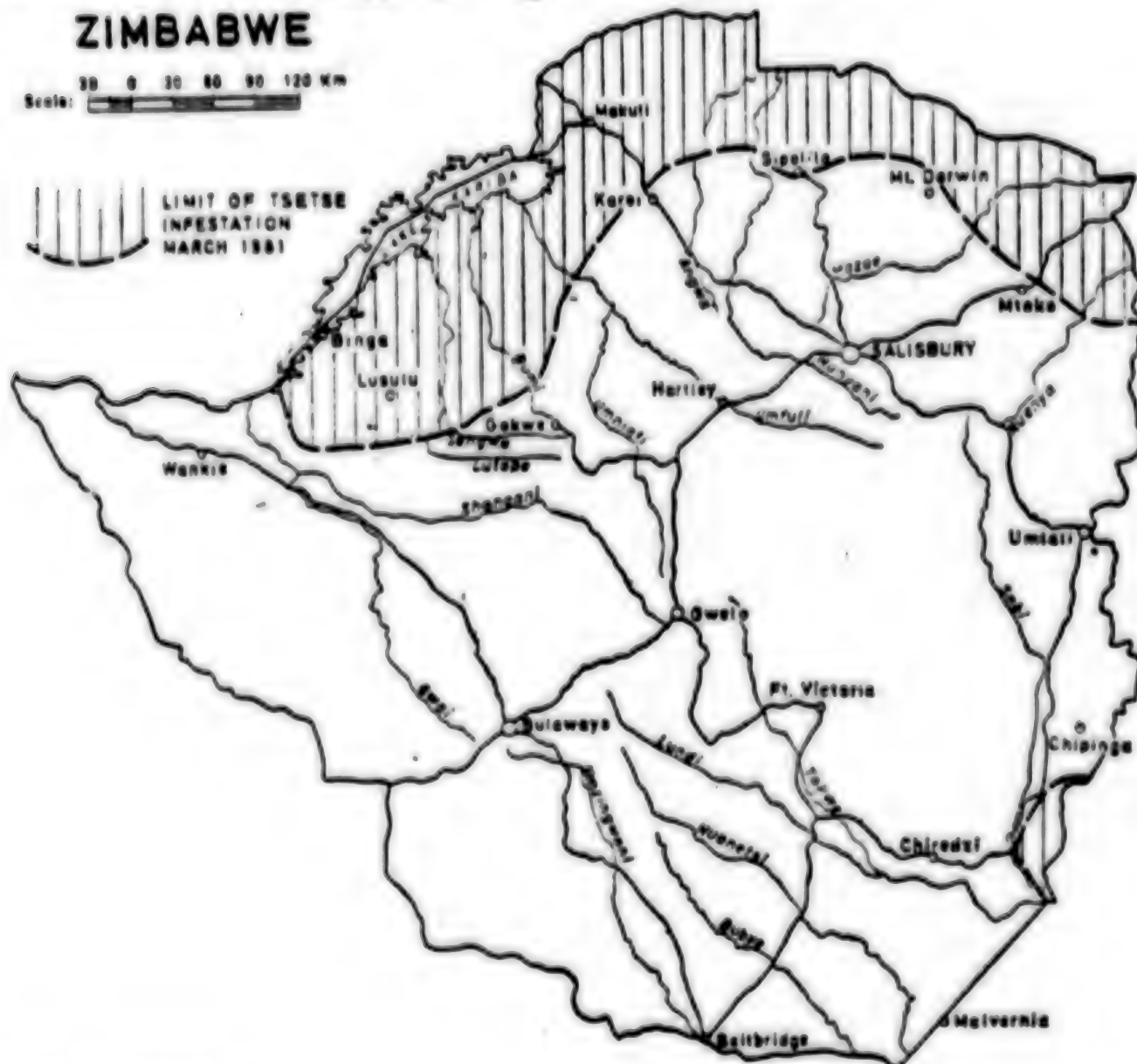
shield Zimbabwe from re-invasion.

'We are confident that such mutual co-operation with the Mozambicans will be established again shortly,' said Mr Davison.

## ZIMBABWE

Scale: 0 30 60 90 120 Km

LIMIT OF TSETSE INFESTATION MARCH 1981



ARGENTINA

BRIEFS

FOOT-AND-MOUTH DISEASE--Tres Arroyos, Buenos Aires, 28 May (NA)--New cases of hoof and mouth disease in cattle has been discovered in Coronel Pringles, Coronel Dorrego and San Cayetano. It is believed the disease was introduced from Brazil. [Buenos Aires Noticias Argentinas in Spanish 1514 GMT 28 May 81]

CNO: 5400/2136

## MOZAMBIQUE

### HOG DISEASE OUTBREAK UNDER CONTROL

Maputo NOTICIAS in Portuguese 26 Apr 81 p 2

[Text] The outbreak of deaths detected a few days ago in hog pens in Matutuine district, Maputo Province, was promptly checked, and the situation is now under control. According to diagnoses forwarded to the Provincial Agriculture Directorate [DPA] by the National Institute for Veterinary Research, there are two distinct types of cases. The first, in the Fabrica de Cal, is protazoan in origin, and the other is a matter of poor animal handling, inadequate diet and poor hygiene at the Matutuine Primary School and the installations of private hog breeder Rafael Mabunda.

When the competent agencies were alerted, a brigade led by a veterinarian was sent to the site to gather material for medical examination and to ascertain other areas where outbreaks were likely to occur. Although it was established that the illness was not contagious, the brigade returned after a few days to conduct further investigations, aimed at controlling the outbreaks.

The brigade that went to Matutuine also advised the hog farmers of some measures to minimize the effects of the outbreak. "Since there is no preventive treatment and even the cure is quite costly, we recommended removal of the hogs from densely foliated areas, and other necessary hygiene measures," the chief of the DPA told this newspaper in Maputo.

The Maputo DPA official added that there had been no further deaths after these measures had been taken. Clarifying some reports initially circulated about these cases, which he said were mistaken, the official stressed that only the focus detected at the Fabrica de Cal in Salamanga was more serious. Regarding the other two foci, and particularly the case of private breeder Mabunda, the problems were identified as poorly measured rations, characterized by excessive bagasse, nutritional deficiencies, poor handling and inadequate conditions for hog raising, aggravated by the fact that the hog pens were not paved, which was a factor in attracting flies.

Meanwhile, the DPA has been distributing information to the hog farmers regarding sanitation measures, to avoid epidemics resulting from poor hygiene.

6362

CSO: 5400/5141

RABIES INCIDENCE IN NATAL INCREASING

Johannesburg THE CITIZEN in English 5 May 81 p 7

[Article by Marilyn Cohen]

[Text] The rabies situation in Natal reached "alarming proportions" during 1980 with the total number of confirmed rabid animals reaching proportions never encountered before.

The latest annual report of the Department of Health, Welfare and Pensions, points out that what was previously a disease limited to the rural areas, had now spread to the greater metropolitan areas in and around Durban.

The report states that human deaths resulted, but does not give a figure for this in the table dealing with the number of people treated for rabies and the number of deaths.

In 1979, rabies was confirmed in 29 animals, all dogs, while 112 people were treated for the disease and one person died.

In 1980, however, 142 animals contracted rabies and 405 people were treated for the disease. Although the official report does not state the number of human deaths which resulted from the disease during the year, reports put the figure at close to 30.

For the first time last year, rabies was positively identified in bats, and in two cases, humans were attacked by bats.

The report also fails to give the number of people who died from cholera last year while it does state that 884 people had been affected by the disease up to December 31, 1980.

The first case of cholera occurred on September 30, 1980 and the initial epidemiological investigation provided strong circumstantial evidence that the source of infection was an irrigation canal fed by the Crocodile River.

Newspaper reports indicate that at least 13 people died of cholera last year.

CSO: 5400/5171



TANZANIA

VILLAGERS ASKED TO SUPPORT RINDERPEST CONTROL CAMPAIGN

Dar es Salaam DAILY NEWS in English 29 May 81 p 3

[Article by Boniface Byarugaba]

[Text] The Ministry of Livestock Development yesterday appealed to village governments and livestock keepers in Tanzania's northern regions to throw their weight behind the rinderpest control campaign which has just taken off.

The Principal Secretary to the ministry, Dr S.A. Madalali, said in Dar es Salaam that some 1.2 million/- set aside by the government for the campaign will bear fruit through joint efforts between the government's executing agencies, village governments and individual livestock keepers.

Village governments were asked to mobilize livestock keepers to take their calves for vaccination. "A calf is vaccinated once to prevent rinderpest. Any animal once vaccinated need not be taken for vaccination," he explained.

He said village governments and keepers should build cattle crushes or repair them before vaccination day.

Dr Madalali explained that campaign personnel will go ward-to-ward, and early preparations by villages and keepers will save time and disappointment. He said no charges for medicines or services have to be paid by villages or individuals.

The principal secretary warned of the deadly nature of the disease saying laxity could lead to tragedy. He said the disease once "wiped out all cattle in the then West Lake region."

Shinyanga, Mwanza, Mara, Kilimanjaro and Arusha regions are the focus of the campaign aiming at ridding the border regions with the killer disease. The group is termed as the northern zone.

The regions have millions of cattle. Ridding the animal population in the "zone" of the disease would be very rewarding in the country's livestock development strategy, according to the ministry.

Preparatory campaign meetings have already been held in the zone.

CSO: 5400

TSETSE FLIES HINDRANCE TO FARMING

Lusaka DAILY MAIL in English 30 May 81 p 5

[Excerpt] Tsetse flies are hampering agricultural development in Chaman district, and efforts by people in the district to produce more crops will always fall below target unless the government provided tractors.

The district governor, Mr Josiah Kanyuka, made this known on Thursday when he briefed Party Secretary-General Humphrey Mulemba at a meeting held in the welfare hall.

Mr Kanyuka said the district would this year produce only 12,853 bags of maize because farmers used hoes to cultivate their fields since ox-drawn ploughs were of no use due to the presence of tsetse flies which attacked animals.

The governor called on the Ministry of Agriculture and Water Development to introduce the tractor-hire service in the district.

He said the people in his area were prepared to increase crop production but their efforts were being hampered because animals such as cattle could not be reared in the area which was tsetse-infested.

CSO: 5400/5175

## BRIEFS

SIGATOKA IN RIO FRIO--The agrarian department of the Costa Rican Confederation of Democratic Workers [CCTD] affirms that it has received reports from the Rio Frio peasants to the effect that black sigatoka has spread to the parcels of the Institute of Lands and Settlement. Apparently the Agriculture and Livestock Ministry's Vegetable Quarantine Department does not have the means to act. According to the CCTD, there is much concern among the parcel owners of the Rio Frio peasant settlements, who are urging the minister to adopt the necessary measures as soon as possible. [Text] [PA290342 San Jose Radio Reloj in Spanish 1730 GMT 27 May 81]

CSO: 3400/2137

EL SALVADOR

BRIEFS

SUGAR SMUT FOUND--San Salvador, 12 May (ACAN-EFE)--Smut has been found in sugarcane plantations by the National Center of Agriculture and Livestock Technology, the Agriculture and Livestock Ministry reported today. It has been found southeast of here, in Zacatecoluca, Santiago Nonualco and Rosario de La Paz. [PA270249 Panama City ACAN in Spanish 2216 GMT 12 May 81]

CSO: 5400/2137

## BRIEFS

CASSAVA PLANT PEST--The Anambra State Government has earmarked N.5 million for the control and total eradication of the cassava plant pest called mealybug. Disclosing this at Mgbowo, in an interview with pressmen, the state Commissioner for Agriculture and Food Production, Prof Dennis Ekpete, said the state government was very much concerned about the menace of the pest. Prof Ekpete had attended a solidarity rally organized by the Mgbowo Chapter of the Nigerian People's Party (NPP) where newsmen cornered him for the interview. He attributed the rocketing price of garri, to the menace of the cassava disease but stressed that before long, the state government would deal a deadly blow to the pest and make garri abundant and cheap for the people. The pest control vote, he explained, would be used for the purchase of agro-chemicals as well as in the defraying of the cost of logistics. In the interim, said the commissioner, his ministry has mounted a campaign throughout the 23 local government areas of the state to educate farmers on the need for early planting of cassava as the surest means of evading the menace of mealybug. He noted that the pest was less likely to attack cassava plants during rainy season and urged farmers to ensure that they planted their cassava to grow during the peak period of the rains. [Kassidy Uchendu Awgu] [Text] [Enugu WEEKLY STAR in English 14 Apr 81 p 11]

CSO: 5400/5174

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**DATE FILMED**

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